

KENTUCKY STATE UNIVERSITY

TRAVEL VOUCHER

LEAVE BLANK

EMPLOYEE NAME	DEPARTMENT DIVISION	CAMPUS MAILING ADDRESS
EMPLOYEE WORK STATION	OFFICE PHONE	EMPLOYEE RESIDENCE

SOCIAL SECURITY NUMBER	VOUCHER NUMBER	ACCOUNT NUMBER	T C	REFERENCE NUMBER	AMOUNT	P/F
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
		<div></div>			<div></div>	<div></div>

OTHER PAYEE	Amount (below)
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VENDOR NUMBER	VOUCHER NUMBER	ACCOUNT NUMBER	T C	REFERENCE NUMBER	AMOUNT	P/F
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Mo	Day	Left am/pm	Returned am/pm	SECTION 1 From	More travel & purpose lines on back To	Personal Vehicle Mileage	Tolls, Parking	Lodging (Attach Receipt)	Subsistence (See Back) B L D	TOTAL
Purpose										
Purpose										
Purpose										
Purpose										
Purpose										
Purpose										
Purpose										

SECTION I Continued on back (top of page)

If mileage claimed, was State car available? _____

SECTION I

TOTALS
(all pages)

I hereby certify, subject to the provisions of KRS 523.100 (unsworn falsification to authorities), that the above are proper charges by a statutory employee of the Commonwealth in the discharge of official business and that all data furnished herewith are true and correct to the best of my knowledge.

ENTER MILEAGE
FROM ALL PAGES (Miles) x (Cents
Per Mile)

TOTAL
SECTION II OTHER EXPENSES
FROM REVERSE SIDE)

GRAND TOTAL

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE

DEPT. HEAD OR AUTHORIZED AGENCY'S SIGNATURE

DATE

SECTION I (continued)

Mo	Day	Left am/pm	Returned am/pm	SECTION 1 More travel & purpose lines on back	Personal Vehicle Mileage	Tolls, Parking	Lodging (Attach Receipt)	Subsistence (See Back)	TOTAL
				From To				B _____ L _____ D _____	
Purpose									
				From To				B _____ L _____ D _____	
Purpose									
				From To				B _____ L _____ D _____	
Purpose									
				From To				B _____ L _____ D _____	
Purpose									
				From To				B _____ L _____ D _____	
Purpose									

Include above amounts in **Section I** totals on front

SECTION II

OTHER EXPENSES

(may include airfare, bus fare, subway, car rental, registration fees, etc.)

DATE <i>Mo. Day</i>	ITEM OF EXPENSE <i>(Attach receipt for each item over \$2)</i>	EXPLANATION	AMOUNT
be typed. Show times as a.m. or p.m. Under subsistence, <i>B = Breakfast, L = Lunch, and D = Dinner.</i>			and at bottom of reverse side.

SECTION II TOTAL ONLY

SUBSISTENCE CHART

(Subsistence includes meals, taxes, and tips)

If travel includes overnight lodging and at least these hours	6:30 a.m. through 9:00 a.m.	11:00 a.m. through 2:00 p.m.	5:00 p.m. through* 9:00 p.m.
For authorized travel in Kentucky and U.S. (except "High-Rate" Areas listed by Secretary of Finance, you may claim	\$7	\$8	\$15
For authorized travel in "High-Rate" Areas listed by Secretary of Finance, you may claim	\$8	\$9	\$19

Subsistence cannot be claimed for meals included in registration fees.

* In state travel without overnight lodging may claim this meal if travel times include these hours.